

Europäisches Patentamt
European Patent Office
Office européen des brevets



(11) EP 0 911 015 A1

(12) EUROPEAN PATENT APPLICATION

(43) Date of publication:
28.04.1999 Bulletin 1999/17

(51) Int. Cl.⁶: A61H 3/00, A61F 5/01

(21) Application number: 97830547.2

(22) Date of filing: 27.10.1997

(84) Designated Contracting States:
AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC
NL PT SE

(72) Inventor: Ferrati, Benito
20026 Novate Milanese (MI) (IT)

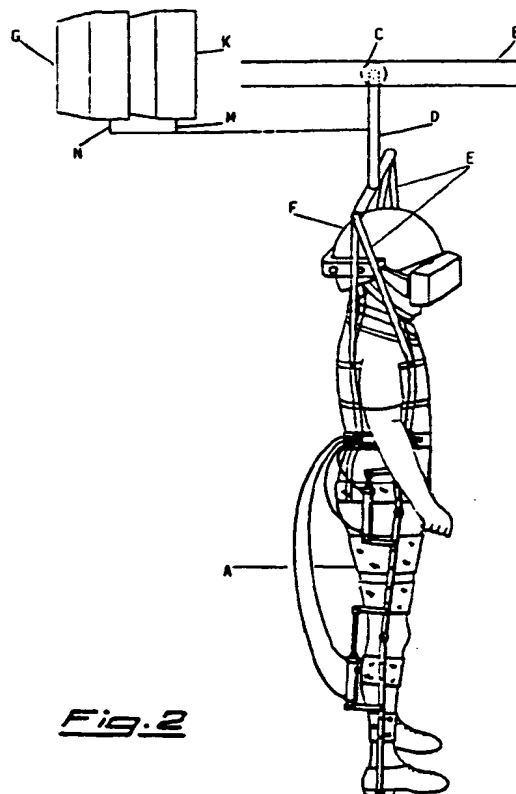
(71) Applicant: Ferrati, Benito
20026 Novate Milanese (MI) (IT)

(74) Representative: Arena, Giovanni
Viale Certosa 135
20151 Milano (IT)

(54) Orthopedic rehabilitation apparatus using virtual reality units

(57) The orthopedic apparatus comprises:

- an exoskeleton (A) adapted to support a user's body, articulated at articulation positions of the same and provided with small actuators ("microcylinders") operated by compressed air, hydraulically or electrically, designed to move the articulated parts of the exoskeleton in accordance with the human gait;
- a programmed control unit for controlling the operation of said actuators to move the exoskeleton in accordance with the human gait;
- a remote control unit for controlling said programmed control unit with commands for stopping, starting or controlling the speed of the human gait;
- an electronic virtual reality unit (G) for transmitting to the user, by means of a virtual reality helmet, suitable virtual reality pictures and stimulation interactive with the human gait that is impressed on the user by the exoskeleton;
- a rail (B) suspended at a distance from the ground higher than human height, for supporting and guiding a ball bearing or a slide (C) slidable inside or on said rail;
- a metal framework (D) supported by said ball bearing or slide and provided with two suspenders or rods (E) for supporting the exoskeleton of the patient.



EP 0 911 015 A1

Description

[0001] The present invention relates to an orthopedic apparatus for walking and rehabilitating tetraplegic persons and for facilitating and stimulating the revival of comatose patients.

[0002] Orthopedic apparatus have been conceived for rehabilitating persons that are disabled in the motor abilities of their lower limbs (paraplegics, etc.) which are designed to allow walking for the purpose not only of improving the muscle, nerve and bone tonus, but also, and mainly, to stimulate and aid in the recovery of their motor ability.

[0003] Known orthopedic apparatus that are designed to stimulate and exercise the movement of the lower limbs and to allow walking, that have been designed by the present inventor include those disclosed in Italian patents 1,153,225, filed October 12, 1982 and 1,178,548, filed October 3, 1984, as well as Italian patent application 20,882 A/90 filed July 9, 1990.

[0004] Of particular interest is the orthopedic apparatus described in Italian patent 1,178,548. This apparatus has the aim of allowing persons who have serious injuries to their motor abilities of their lower limbs to walk. The apparatus consists of a semi-rigid apparatus or exoskeleton that supports the bust and the lower limbs. It is jointed opposite the hip and knee articulations, and is equipped with small actuators (microcylinders) that are operated by compressed air, hydraulically or electrically, and are designed to move the lower jointed parts of the apparatus in accordance with the human gait and on command of a programmed electronic unit that is in turn operated by the patient by means of a remote control.

[0005] This permits the patient to transmit to the electronic commands for starting and stopping the lower joints parts of the apparatus or to adjust the step speed.

[0006] The object according to the present invention is to further improve the apparatus of the prior art, and more particularly, to strengthen the stimulation of the recovery of motor abilities in tetraplegic patients, and to facilitate and stimulate the revival of comatose patients.

[0007] Said object is achieved by an orthopedic apparatus comprising:

- an exoskeleton adapted to support a user's body, articulated at articulation positions of the same and provided with small actuators ("microcylinders") operated by compressed air, hydraulically or electrically, designed to move the articulated parts of the exoskeleton in accordance with the human gait;
- a programmed control unit for controlling the operation of said actuators to move the exoskeleton in accordance with the human gait;
- a remote control unit for controlling said programmed control unit with commands for stopping, starting or controlling the speed of the human gait;
- an electronic virtual reality unit for transmitting to

the user, by means of a virtual reality helmet, suitable virtual reality pictures and stimulation interactive with the human gait that is impressed on the user by the exoskeleton;

- a rail suspended at a distance from the ground higher than human height, for supporting and guiding a ball bearing or a slide slidable inside or on said rail;
- a metal framework supported by said ball bearing or slide and provided with two suspenders or rods for supporting the exoskeleton of the patient.

[0008] Other particular solutions are set forth below in the claims.

[0009] Further objects, features and advantages of the present invention will be apparent from the following detailed description taken in conjunction with the accompanying drawings, in which:

Fig.1 illustrates a person using a walking apparatus of a known type;

Fig.2 illustrates an example of an apparatus according to the present invention.

[0010] Fig.1 illustrates a disabled person who is leaning with his hands on two fixed bars. The person is equipped with a walking apparatus of the type which was described above and is disclosed in Italian patent No 1,178,548. This apparatus comprises a metal corset 1 that is attached to the chest and the pelvis by two attachment devices 2 and 3. On two sides of the corset are fixed metal rods 4 that each have an integral extension 15. At the lower end of the rod 4, at a hinge point 8, there is attached a rod 7. The rod 7 extends along the external side of the thigh. A corresponding rod 7' is arranged parallel on the internal side of the thigh, and together with the rod 7 forms a framework of the thigh. A cylinder 6 operated by compressed air or hydraulically is hingedly connected to an end of the extension 15 at an upper end thereof. The cylinder 6 has a rod 5 having a lower end that is connected through a joint to a lower end of the rod 7.

[0011] The rod 7 has a lower end that terminates at a hinge 9 that connects the rod 7 with a lower rod 10. The lower rod 10 is part of the leg framework. On the lower part of the rod 10 there is fixed an integral extension 12. The extension 12 is shown enlarged in the drawing in order to provide greater clarity.

[0012] A cylinder 16 is connected and hinged to an end of the extension 12, and has a rod 11 that is connected through a joint to a small bracket that is fixed to the lower end of the rod 7. There is a corresponding rod 10' similarly hinged together with the rod 7 for the inner side of the leg.

[0013] A plurality of laced bands 17, 18 and 22 allow the rods 7 and 7' and 10 and 10' to be tightened to the thighs and legs of the patient.

[0014] Extension and retraction of the rod 5 of the cyl-

inder 6 causes relative movement between the thigh and the pelvis. Extension and retraction of the rod 11 causes relative movement between the thigh and the lower leg. The cylinders 6 and 16, which are microcylinders, are operated by tubes C1, C2, SC1 and SC2, which provide for the inlet and outlet of a working fluid such as compressed air or hydraulic fluid. The patient wears on his back a pack (not illustrated) in which are housed compressed air bottles, for example, for operating the cylinders.

[0015] Solenoid valves are provided for operating the microcylinders. They are controlled by an electronically or hydraulically operated control unit that is fixed to the patient's belt, and appropriately programmed in order to move the lower jointed parts of the device in accordance with the human gait. The control unit is in turn controlled by means of a manually operated remote control which is located on the patient's corset or belt, and that permits the patient to transmit to the control unit commands for starting or stopping the movement of the lower parts or for adjusting the step speed.

[0016] Fig.2 illustrates a disabled person employing a rehabilitation apparatus in accordance with an embodiment of the present invention.

[0017] This apparatus comprises:

- a sling (exoskeleton) A laced to patient's body, similar to that illustrated in figure 1 but improved over the sling of figure 1 as will be explained below;
- a rail B suspended at a distance from the ground higher than human height, for supporting and guiding a ball bearing or a slide C slidable inside or on said rail;
- a metal framework D supported by said ball bearing or slide E and provided with two suspenders or roads for supporting the sling of the patient;
- a helmet F worn by the patient, provided with earphones and viewers that are connected to an electronic virtual reality unit G.

[0018] The exoskeleton that is shown in Fig. 2 is improved with respect to that of Fig. 1 by making the frame members that were previously metallic parts out of an ultralight material such as a carbon fiber and titanium, in order to reduce the weight on the patient's body in movement. Moreover The sling is extended on the upper part in order to support the patient's bust and, in case, even his head or the helmet F.

[0019] The rail B covers a circular route. Nevertheless it could cover a rectilinear route. In the last case a device should be provided which might cause the framework D to revolve 180 degree at the end of the run so that even the patient, with the help of a hospital attendant, might revolve and begin a new run in the opposite direction.

[0020] As refers the remote control unit for controlling the programmed control unit which controls the operation of the exoskeleton actuators, it shall always be in

the hands of an hospital attendant in order to ensure a timely operation of the same during any phase of the walking.

[0021] As refers the means supplying pressurized fluid it can be located in a special delivery unit K whose delivering duct M can have a passage extending through the framework D, or at least an anchoring point on the same framework.

[0022] Said supplying means can be either a simple compressed gas (for example air) bottle, or a compressor, or a pump that provides hydraulic operation of the microcylinders. The special delivery unit K and its delivery duct M, whatever its configuration, of course has a fluid passage or connection to the distribution box L for operation of the microcylinders.

[0023] Even the cable N that connects the electronic virtual reality unit G to the patient's helmet can pass through the framework D, or at least have an appropriate anchor point on the same. The virtual reality unit G is programmed to transmit to the patient virtual reality pictures and stimulation that is interactive with the walking movement that is impressed by the exoskeleton on the patient's body. This involves the patient emotionally, which is important, because therapeutic efficacy is proportional to the emotional involvement of the patient. Examples of the types of virtual reality pictures and stimulation are pictures and stimulation that are related to the path which, according to the pictures projected in the helmet, the patient believes he is following, and can reflect situations of emergency and danger that occur along the path, or pictures and stimulation that are related to paths that are particularly dear or at least significant in the memory of the patient. Sounds and voices that can be either danger signals, or sounds, music and voices that are particularly dear to the patient, can also be provided.

[0024] In order to explain the utility of the equipment in accordance with the present invention, and in particular the use of virtual reality with the present invention, the following observations are pertinent.

[0025] It is known that lesions or amputations of the spinal medulla due to injuries to the spinal column, inflammation of the medulla or the vertebra, tumors or serious vascular disorders can cause paralysis of the lower limbs due to the fact that the lesions constitute a break in the transmission of nervous motor impulses from the brain. It is also known that the motor program of the limbs is not located only in the brain, but also in the spinal medulla, as proven by the fact that animals run on their own legs for a few moments even after amputation of the head. The above observations serve as a key for the interpretation of rehabilitation methods that are based on a program of exercise for the patient in walking in a manner as natural as possible with the aid of special support and motor mechanisms for the legs. These methods allow not only the reactivation or rememorization of the motor program of the legs in the spinal medulla, but also progressively reactivate the

passage of the nervous impulses from the brain in the injured zone of the medulla. The usefulness of virtual reality in this situation is based on the properties of adrenaline and noradrenaline and on the fact that the secretion of adrenaline is stimulated upon the occurrence of emergency situations such as strenuous efforts, emotions, danger signals, arterial hypotension, asphyxia, hypothermia, etc. The growth of the concentration of adrenaline in the blood can be up to levels that are 300 times normal.

[0026] The adrenaline and noradrenaline hormones have the function of preparing the system both physically and emotionally to face emergency situations.

[0027] Among their various effects is a stimulation of the nervous system.

[0028] In particular, adrenaline and noradrenaline act as neurotransmitters. That is, they are chemical intermediaries that allow the transmission of nervous impulses from one neuron to another.

[0029] It is thus understandable how useful virtual reality could be during a patient's walking exercises as a means of stimulating the transmission of nervous impulses in the injured zone of the medulla through virtual reality pictures, sensations and emotions that are designed to stimulate the increase of the adrenaline levels in the blood.

[0030] Therefore the voices, sounds and pictures transmitted by the virtual reality helmet prove very helpful in facilitating and stimulating the revival of comatose patients. It could be advantageous to use the apparatus according to the present invention without the use of the virtual reality helmet, either before starting therapy with the helmet, in order to allow the patient to gain familiarity and practice in the use of the conveyor belt, or after the therapy cycle with the helmet, when the voluntary mobility of the lower limbs has begun to appear.

Claims

1. An orthopedic apparatus for walking and rehabilitating tetraplegic persons and for facilitating and stimulating the revival of comatose patients, comprising:

- an exoskeleton (A) adapted to support a user's body, articulated at articulation positions of the same and provided with small actuators ("microcylinders") operated by compressed air, hydraulically or electrically, designed to move the articulated parts of the exoskeleton in accordance with the human gait;
- a programmed control unit for controlling the operation of said actuators to move the exoskeleton in accordance with the human gait;
- a remote control unit for controlling said programmed control unit with commands for stopping, starting or controlling the speed of the

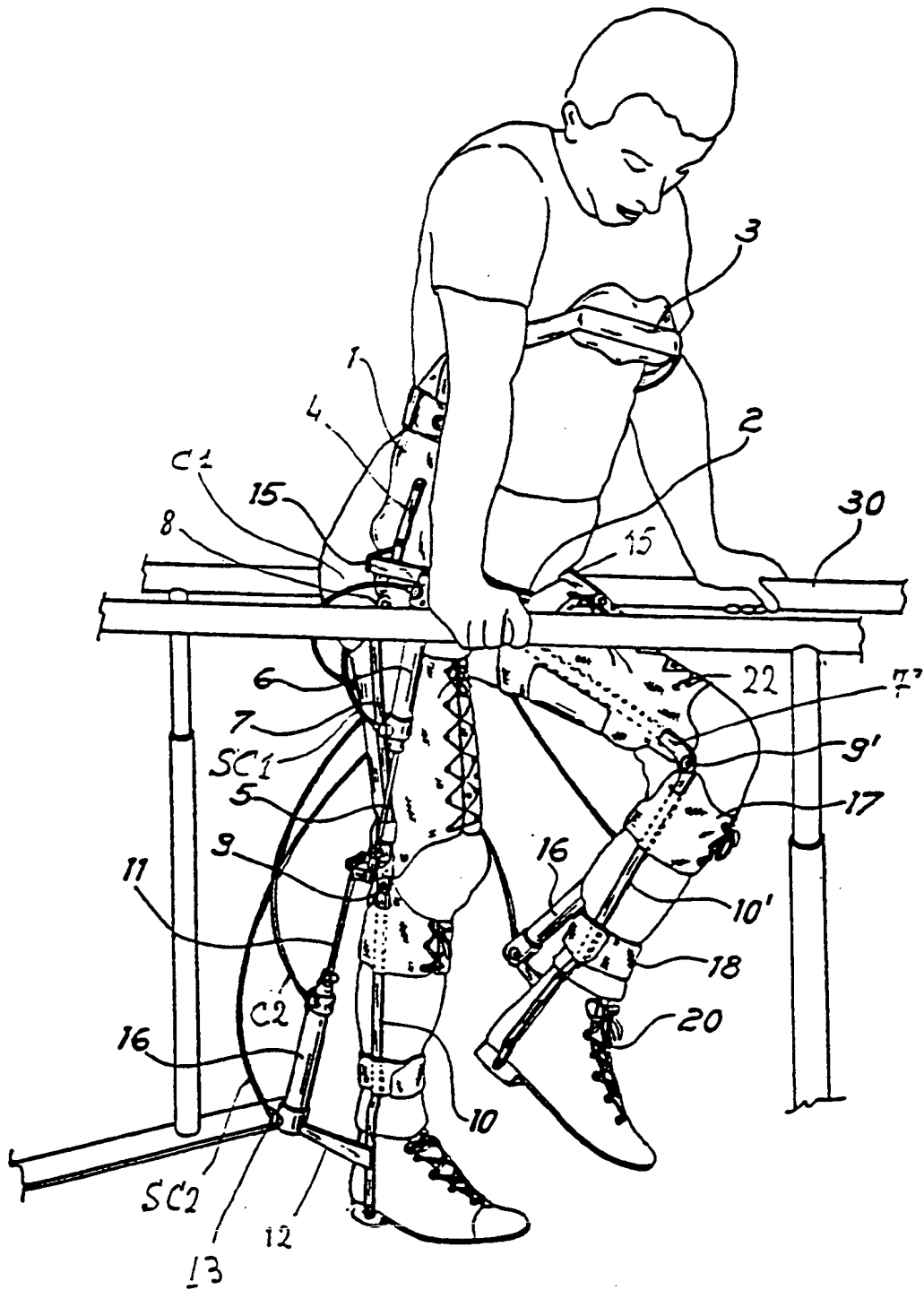
human gait;

- an electronic virtual reality unit (G) for transmitting to the user, by means of a virtual reality helmet, suitable virtual reality pictures and stimulation interactive with the human gait that is impressed on the user by the exoskeleton;
- a rail (B) suspended at a distance from the ground higher than human height, for supporting and guiding a ball bearing or a slide (C) slidable inside or on said rail;
- a metal framework (D) supported by said ball bearing or slide and provided with two suspenders or rods (E) for supporting the exoskeleton of the patient.

2. The orthopedic apparatus of claim 1, wherein said rail (B) covers a circular route.

3. The orthopedic apparatus of claim 1, wherein said rail (B) covers a rectilinear route and a device is provided which causes the framework (D) to revolve 180 degree at the end of the run so that even the patient, with the help of a hospital attendant, might revolve and begin a new run in the opposite direction.

Fig. 1



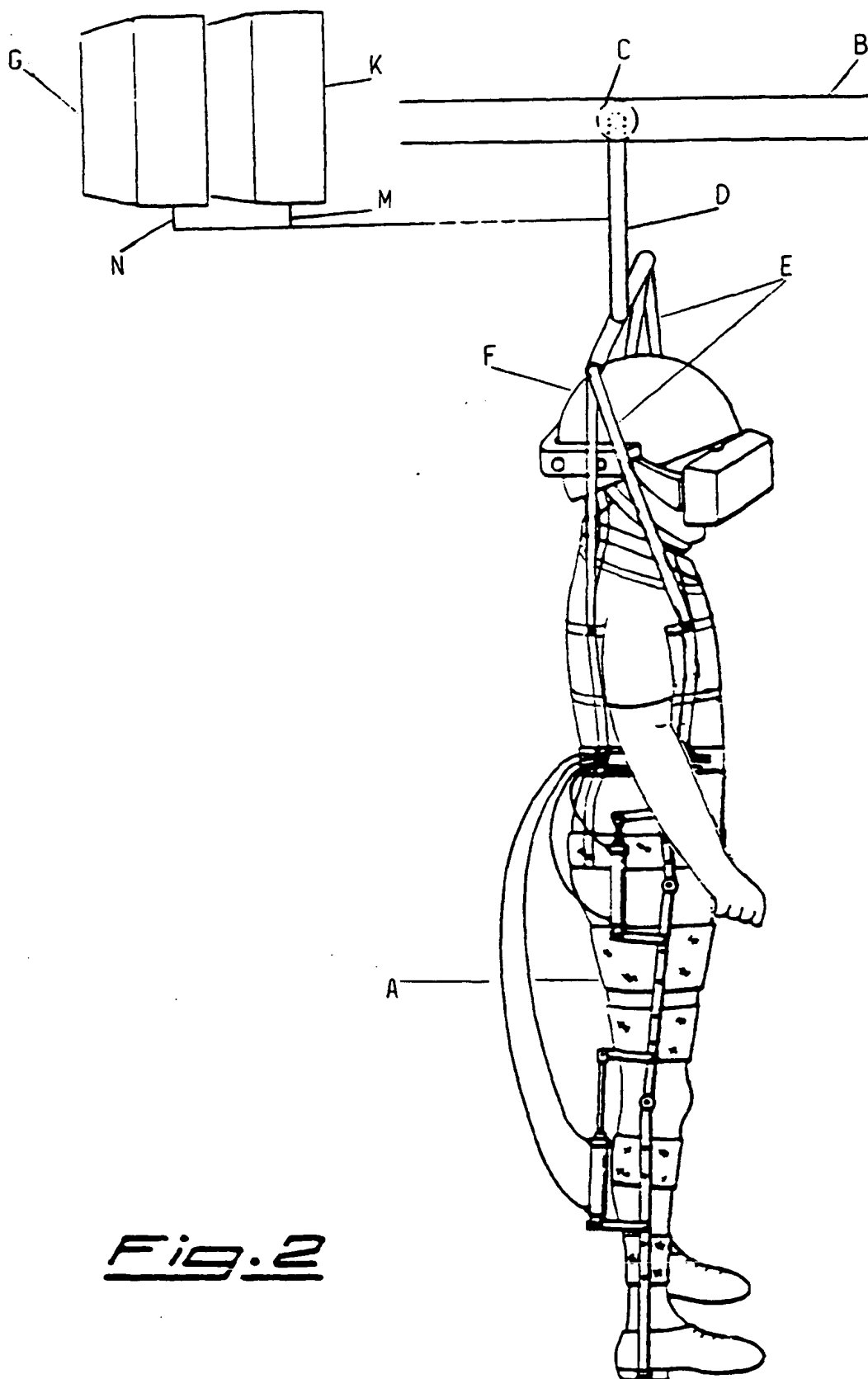


Fig. 2



European Patent
Office

EUROPEAN SEARCH REPORT

Application Number
EP 97 83 0547

DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int.Cl.6)
A	US 5 282 460 A (BOLDT) * column 7, line 4 - line 11 * * abstract; figures 2,3 *	1	A61H3/00 A61F5/01
A	US 5 562 572 A (CARMEIN) * column 3, line 11 - line 23; figure 1 * * column 3, line 50 - line 64 *	1	
A	US 4 256 098 A (SWAN ET AL.) * column 5, line 49 - line 56; figures 1,5-7 *	1,2	
A	US 3 204 954 A (SCANNELL) * column 1, line 69 - column 2, line 6; figure 1 *	1,3	
A	DE 295 11 509 U (FERRATI) * claims 1,2; figures *	1	
			TECHNICAL FIELDS SEARCHED (Int.Cl.6)
			A61H A61F
The present search report has been drawn up for all claims			
Place of search THE HAGUE		Date of completion of the search 26 March 1998	Examiner Jones, T
CATEGORY OF CITED DOCUMENTS X : particularly relevant if taken alone Y : particularly relevant if combined with another document of the same category A : technological background O : non-written disclosure P : intermediate document T : theory or principle underlying the invention E : earlier patent document, but published on, or after the filing date D : document cited in the application L : document cited for other reasons & : member of the same patent family, corresponding document			

EPO FORM 1503 03 02 (P4/C01)